# Cardiac Arrest: General

## **History**

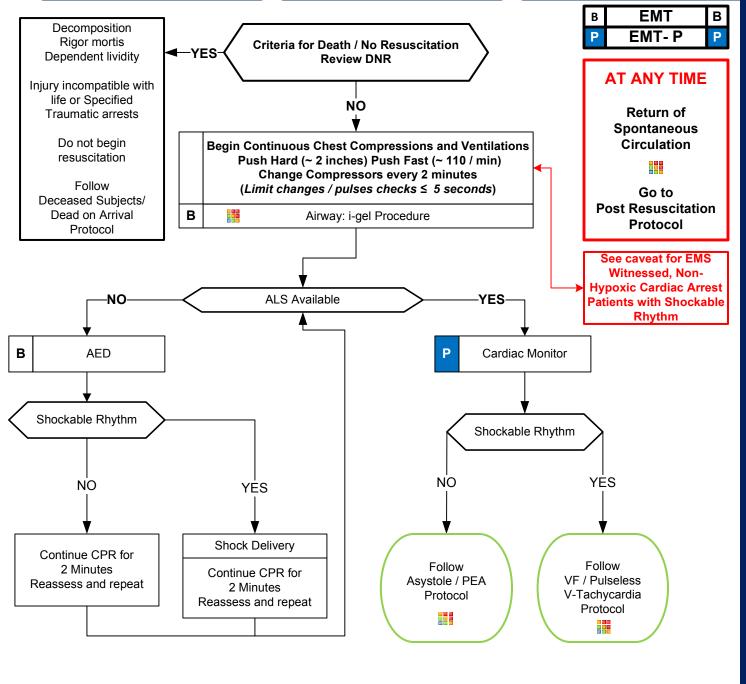
- Events leading to arrest
- Estimated downtime
- Past medical history
- Medications
- Existence of terminal illness
- Left Ventricular Assist Device

### **Signs and Symptoms**

- Unresponsive
- Apneic
- Pulseless

### **Differential**

- Medical vs. Trauma
- VF vs. Pulseless VT
- Asystole
- PEA
- Primary Cardiac event vs. Respiratory arrest or Drug Overdose
- Hypoxic vs. Non-Hypoxic



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Contact Medical Control as needed for questions/guidance

# **Adult Medical Protocols**

# Pearls

 Effective CPR and prompt defibrillation are the keys to successful resuscitation; therefore, primary resuscitative efforts should be directed at high quality and continuous compressions with limited interruptions and early defibrillation when indicated.

**Cardiac Arrest: General** 

- DO NOT HYPERVENTILATE! Ventilations are accomplished utilizing an adult BVM with just enough compression to achieve chest rise. Ventilate at 6 breaths per minute (once every 10 seconds) with continuous, uninterrupted compressions.
- Non-Hypoxic Origin Cardiac Arrest is typically an arrest suspected of being primarily cardiac in origin, without concern for low oxygen reserves pre-arrest.
  Hypoxic Origin Cardiac Arrest Examples: Primary respiratory arrest, CHF, COPD, Smoke Inhalation, Drowning, Hanging, etc.
- EMS Witnessed, Non-Hypoxic Cardiac Arrest Patients with Shockable Rhythm ONLY: Delay ventilations in preference to passive oxygenation for the first 6 minutes of continuous cardiac compression.
- If functioning appropriately, the preference is to leave the i-gel in place to limit interruptions in chest compressions. If intubation is considered, do not interrupt chest compressions to place the endotracheal tube. Frequently reassess airway placement and EtCO2, especially after every move, and at transfer of care.
- **Maternal Arrest** Treat mother per appropriate protocol with immediate and rapid transport. Place mother supine and perform Manual Left Uterine Displacement moving uterus to the patient's left side. IV/IO access preferably above diaphragm. Defibrillation is safe at all energy levels.
- Refer to the Dialysis / Renal Failure protocol caveats when faced with a dialysis / renal failure patient experiencing cardiac arrest.
- Consider hypoglycemia; measure blood glucose and treat appropriately.